EASING FOSTER CARE PLACEMENT

A PRACTICE BRIEF

INTRODUCTION

While there is a significant amount of research regarding trauma experienced by children in foster care, less is known about the trauma of the actual transition and foster care placement process itself. Recent studies involving first-hand accounts from children indicate that the process of removal and initial placement can be profoundly frightening, disorienting, and frustrating for the child, and often exacerbate symptoms of hyperarousal, mistrust and disassociation that are connected with trauma and post-traumatic stress disorder (PTSD). The removal from parents and home has been shown to create "fears of being totally abandoned and an overwhelming feeling of helplessness [within the child], making it difficult for them to process any information given to them"[1]. Similarly, the ambiguity of the placement process can "[hinder] their ability to evaluate the potential of events to threaten their personal well-being, relationships, and matters of significance in their lives"[2].

Child welfare agencies around the country are placing increased emphasis on trauma-informed practices. For example, in 2008 the Center for Improvement of Child and Family Services at Portland State University embarked on a project to understand and address the role of trauma in investigation, removal and initial placement[3]; similarly themed workshops have been held for child welfare staff at Southwest Michigan Children's Trauma Assessment Center[4]. The Department of Children and Families in Florida is currently leading a statewide effort to incorporate trauma-informed care practices in both state and private agencies. Since 2008, Illinois has integrated an adaptation of Psychological First Aid into its emergency shelter system, which has resulted in reported improvements in staff's ability to address children's needs during their transition into foster care, and since 2010 the Chadwick Trauma-Informed Systems Project has been working with three laboratory sites around trauma-informed child welfare practice[5]. These are just a few examples of a growing body of work in this area.

Addressing trauma among children involved in the child welfare system has also been a focus of the National Child Traumatic Stress Network (NCTSN). In addition to the many NCTSN sites that are providing trauma-informed mental health services to child welfare clients, nine jurisdictions across the country are participating in a Network-sponsored Breakthrough Series Collaborative (BSC) focused on using trauma-informed child welfare practice to improve foster care placement stability. Through this BSC, child welfare providers, mental health agencies and other stakeholders are using trauma knowledge to develop ways to improve placement stability — examples include improving trauma assessment when children come into foster care, and increasing initial and ongoing communication between biological and foster parents.

These and similar efforts to ease children's transitions into foster care are preliminary but important steps towards creating a more trauma-informed child welfare system.

ACS-NYU CHILDREN'S TRAUMA INSTITUTE

REMOVAL AND PLACEMENT PROCESS

In an ideal world, the removal of a child from an unsafe home is preceded by a thorough investigation by child protective services; cooperating with the biological parents around the plan for the removal, including identifying possible placement resources; and psychologically preparing the child for the event. However, this amount of preparation is often not possible; the abuse and neglect inherent in these cases can make planning difficult and at times necessitates an immediate removal, regardless of the time of day. The child is then faced with entering an uncertain, albeit temporary, limbo.

Many if not most child welfare systems have some sort of transitional setting where children have to wait hours or days before a foster family is found. These settings take a number of forms, including 24-hour emergency shelters, emergency foster care homes and receiving centers. Although the exact setting usually depends on the various needs of the communities it serves, all are designed to make the child's transition into foster care as smooth as possible. However, every system faces its own distinct challenges to providing care that is sensitive to the trauma the child has endured and that meets his or her safety, health, treatment and education needs.

In New York City, the Administration for Children's Services conducts family-team conferences before the removal of a child whenever possible; this conference is used to address the family's safety issues and, when possible, to come to a consensus about the plan going forward. If the decision is made for a child to come into foster care and a kinship resource or recruited foster family has not been identified in advance, or if the removal is made on an emergency basis, the child will come to the Children's Center, a 24-hour facility that provides short-term care for children who are awaiting foster care placement. Although the Children's Center is a full-service facility with on-site educational, medical and mental health services, the goal is for children to stay there for as short a time as possible.

WHAT WE'VE LEARNED IN NEW YORK CITY

The New York City Administration for Children's Services and the New York University Langone Medical Center have established the ACS-NYU Children's Trauma Institute (CTI), which seeks to use trauma- related knowledge to improve child welfare practice, and to help the child welfare system meet its goals on both the individual client and system levels. When the CTI received funding through the NCTSN, Children's Services asked it to determine what measures could be taken to reduce the trauma of children who have been removed from their parents and are waiting for foster care placement at the Children's Center.

For this project, CTI staff interviewed 31 youths between the ages of 12 and 17 on-site at the Children's Center. The interview surveyed the youths' experience at the Children's Center and with being placed in foster care. Topics included their experience with family court, questions they had about the foster care system and their attitudes and fears with regard to being placed in foster care in the future. They were also questioned about their feelings towards family relationships, connections with peers, and need for self-advocacy.

Of the 31 youths interviewed, 55 percent were female and 45 percent male. Fifty-two percent were African-American and 48 percent Latino/Latina. About half were at the Children's Center as a result of PINS (Persons in Need of Supervision) petitions, a third were new to foster care, and the remainder were either runaways or had been asked to leave their homes. The relatively high numbers of PINS and runaway youth are likely a result of our sample, which only included adolescents. We did not collect any identifying information in order to maintain the confidentiality of the interviewees.

Overall, the youths expressed positive attitudes towards the Children's Center, describing it as a safe place where their physical needs were met. They also regarded Children's Center staff as caring, supportive and honest – a quality that, as one interviewee said, is "good [for] kids with trust issues, like me." However, their answers regarding the process of being placed into foster care and their experiences in family court revealed confusion, frustration and a feeling of loss of empowerment. Interviewees said they felt "invisible" throughout the process, with many stating that they did not have the opportunity to speak on their behalf or ask questions about where they would be going.

Feelings of fear and confusion were especially prevalent in those youth who were new to the foster care system. A fundamental uncertainty about what foster care is caused a great deal of anxiety in these youth about what would happen to them. Common questions included: would they be separated from their siblings? Would they be placed in a group home? Would they have the opportunity to meet their foster parent before placement? Would a future foster parent "do what my mom did"?

When we relayed this information to Children's Center leadership, they confirmed that information is regularly conveyed to children throughout the removal and placement process, and that there are multiple opportunities for children to ask questions or get support. Based on our observations and the research in this area, we hypothesized that the trauma experienced by these youth made it difficult for them to process and retain the information that was relayed to them during the removal and placement processes.

To address the confusion and anxiety we repeatedly heard from youth, we conducted a brief therapeutic interview with a small number of youth that was designed to restore a sense of safety and mastery. Youth appeared to appreciate the individual attention provided by these interviews, which resulted in modest but positive changes on perceptions of safety, support and worries about the future.

RECOMMENDATIONS

There is broad agreement that there are things that child welfare systems can do to reduce the trauma experienced by children coming into foster care: providing early and consistent communication/ visitation between children and their parents, and between birth parents and foster parents; minimizing moves between transitional and foster care settings, and between different foster care placements; preparing the child for the removal as far in advance as possible; and placing siblings together and with family whenever possible. Based on our experience and what we have learned from colleagues in other jurisdictions, we have developed additional recommendations that we think will help ensure a successful and trauma-informed placement process:

Remember that children entering foster care are likely scared, confused and overwhelmed. The intense fear and helplessness children experience upon being taken from their parents — despite the neglect and/or harm they may have endured at their hands — can impact their ability to process new information. Often, they are unable to remember what is being told to them, and can subsequently develop distorted thoughts about the reasons for removal. It is crucial that caseworkers remember this, listen to and validate children's questions and feelings throughout the process, and help them understand that they are not to blame for their removal from home. Caseworkers and others who interact with the child should use simple language (avoiding acronyms) and give clear explanations. Other approaches, such as giving children age-appropriate written materials, or asking them to repeat back their understanding of what has been told to them, may help ensure that children understand and remember the information that is given to them.

Keep asking the child what he or she needs to feel comfortable. The psychological effort of coping with what is happening to them, coupled with distrust of their new caretakers, can cause children to stay silent. Asking them what they need to bring from home that gives them comfort, and again what they need to feel safe during different points in the placement process, can give a child a sense of control amidst the chaos and establish a level of trust with caseworkers and foster parents. In addition, assisting the child with expressing his or her fears and concerns to their foster parent through the initial adjustment period may ease their transition.

Prepare the foster parent. Any information you can provide the foster parent about the child, including the reason he or she is in foster care and the past traumas he or she has experienced, is helpful. The more foster parents know about kinds of behaviors to expect during the transition period (withdrawal, hostility, hoarding, limit-testing, etc.), the less likely they will be to personalize the child's reactions and the more likely the placement will be successful. Likewise, establishing a positive connection between the foster parent and birth parent can facilitate communication around the child's routines and needs, minimizing the child's fear and uncertainty and maintaining parents' focus on his or her well-being.

Keep calm. Children take psychological and emotional cues from their environment, so it is important that their fear and anxiety is not unnecessarily heightened. Although the event of removal can be highly charged emotionally, staff and others who come into contact with the child during the removal and placement process can help alleviate the tension being absorbed by the child. Having a calmer frame of mind will help the child "keep their wits about them" and greatly improve the experience and aftermath of the event. Talking about the child's anxieties, about his or her next steps, and helping him or her to anticipate ways to effectively deal with fears and concerns, can also be helpful.

Create continuity of care. The disruption of stability can have significant impact on a child's cognitive and emotional health. Instating a measure of constancy through follow-up visits to the foster home lessens the impact of this disruption and can help the child resume a semblance of normalcy throughout this turbulent time. Continuing communication with the child about his or her concerns and fears is key.

ACKNOWLEDGEMENTS

RECOMMENDED CITATION

ACS-NYU Children's Trauma Institute. (2012). *Easing Foster Care Placement: A Practice Brief.* New York: NYU Langone Medical Center.

REFERENCES

[1] Folman, R., **I was tooken**, *Adoption Quarterly*, 2: 2 (1998) pp. 7–35.

[2] Mitchell, M.B. and Kuczynski, L., **Does anyone know what is going on? Examining children's lived experience of the transition into foster care**, *Children & Youth Services Review* (2010), pp. 437–444.

[3] **"Reducing the Trauma of Investigation, Removal and Out-of-Home Placement Project in Child Abuse Cases"** (2008–09), developed by Portland State University, Center for Improvement of Child and Family Services.

[4] Henry, J. and Richardson, M. (2010) **"Trauma Informed Removal Process,"** Southwest Michigan Children's Trauma Assessment Center, www.wmich.edu/traumacenter.

[5] Chadwick Trauma-Informed Systems Project, http://www.chadwickcenter.org/CTISP/ctisp.htm.